



Division of Laboratory Services
630 Hart Lane
Nashville, TN 37216
615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

Disease/Agent Suspected or Test Requested:

Hepatitis B virus

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| Provider Requirements | |
| Acceptable Specimen Sources/Type(s) for Submission | <ul style="list-style-type: none">• Whole, clotted blood• Serum |
| TDH Requisition Form Number | PH-4182 |
| Media Requirements | <ul style="list-style-type: none">• Red-stoppered vacuum tube (whole blood)• Sterile, plastic screw capped vial (serum) |
| Special Instructions | <p>PTBMIS Order Code: HEPB (Hepatitis B Pan) StarLIMS Order Code: 5049 (Hepatitis B Panel)</p> <ul style="list-style-type: none">• Specimens may be stored for up to 3 days at room temperature (20 to 23°C) or up to 7 days at 2-8°C.• If testing will be delayed more than 3 days for specimens stored at room temperature or more than 7 days for specimens stored at 2-8°C, aliquot serum or plasma and store at -20°C or colder. |
| Shipping Instructions | <ul style="list-style-type: none">• Ship Room Temperature/ambient• If specimen has been refrigerated, ship on cold packs. If specimen is frozen, ship on dry ice. |
| Laboratory Section Performing Testing | Serology |
| Lab Location(s) Performing Test | Nashville |

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).